

ISSUE STATEMENT SAMPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MD		12-03-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	NP	584	2-1-2
RESPONSE FORMALITY REVIEW	MS	50000	04/08/02

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral).... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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39	✓
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42	✓
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44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
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100	✓

Claim	Date
Final Original	
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If more than 150 claims or 10 paragraphs  
staple additional sheet here

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1106  
830  
2/1/02